



Name: _____

Company/Affiliation: _____

Mailing Address: _____

City: _____ Mailing State/Province: _____

Country: _____ Mailing Postal Code: _____

E-Mail Address: _____ Phone: _____

REGISTRATION FEES	Through September 27	After September 27	Selection
Accellera Member	\$110 USD	\$120 USD	
Non-Member	\$115 USD	\$125 USD	

OPTIONAL ITEMS	Selection
SystemC Evolution Day	

Acceptance of Accellera Systems Initiative policies are required to register for this event.

By submitting your registration details, you acknowledge that:

You have read and are in agreement with the [Accellera Privacy Policy](#)

May we share your name, title, company, and email address with our exhibitors & patrons?
Yes <input type="checkbox"/> No <input type="checkbox"/>

May we share your name, title, company, and email address with our conference delegates?
Yes <input type="checkbox"/> No <input type="checkbox"/>

Which one of the following most closely matches your current employment status?
Employed in academia <input type="checkbox"/>
Employed in government <input type="checkbox"/>
Employed in private industry – research <input type="checkbox"/>
Employed in private industry - manager of research <input type="checkbox"/>
Employed in private industry - engineering/applications <input type="checkbox"/>
Employed in private industry - manager of engineering/applications <input type="checkbox"/>
Self-employed <input type="checkbox"/>
Full-time student <input type="checkbox"/>
Retired <input type="checkbox"/>
Not currently employed <input type="checkbox"/>
Other: _____

Is this your first time attending DVCon Europe?
Yes <input type="checkbox"/> No <input type="checkbox"/>

How did you hear about DVCon Europe?
Website <input type="checkbox"/> Colleague/Professor <input type="checkbox"/> Social Media <input type="checkbox"/> Mailing List <input type="checkbox"/> Previous DVCon Europe <input type="checkbox"/>
If Other, please specify: _____

Do you have any special needs or disabilities that we may address to make your participation more enjoyable?
Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please describe: _____

Are you a currently enrolled University Student?Yes - Graduate Yes - Undergraduate No **Are you an author of an accepted paper at DVCon Europe 2021?**Yes No **If yes, please answer the below.**

1. Paper 1 Number:

2. Paper 1 Title:

Demographics Survey**What is your primary job function?**System Design Standard IC Design ASIC /SoC Design DSP Design Microprocessor/Microcontroller Design IP Development Library Development Analog/Mixed Signal EDA Methods & Tools Verification FPGAs & PLDs Multi-Chip Modules PCB Design Software/Embedded Software Student **Which category most closely describes your job description? (Pick one)**Senior Management Engineering Management Design Engineer System Architecture Application Engineer Marketing Technical Marketing Product Marketing Sales Research/Academic CAD Verification Engineer Software Engineer Student **What is the size in gates of your current/last design? (Pick one)**Not Applicable <1M 1 - 5M 5 - 10M 10M - 50M 50 - 100M >100M **Which verification language is used by either yourself or your functional verification team? (Check all that apply)**Verilog VHDL C/C++ SystemC SystemVerilog e Not Applicable

Which verification methodology is used by your functional verification team?
UVM <input type="checkbox"/>
OVM <input type="checkbox"/>
VMM <input type="checkbox"/>
eRM <input type="checkbox"/>
SystemC/TLM <input type="checkbox"/>
Proprietary <input type="checkbox"/>
Formal <input type="checkbox"/>
Emulation <input type="checkbox"/>
FPGA <input type="checkbox"/>
I am not involved <input type="checkbox"/>

How many lines of codes did your SW project have? (Pick one)
NA <input type="checkbox"/>
<1k <input type="checkbox"/>
1-10k <input type="checkbox"/>
10k-100k <input type="checkbox"/>
100k-1M <input type="checkbox"/>
>1M <input type="checkbox"/>
Not Applicable <input type="checkbox"/>

Payment: VISA MasterCard American Express Bank Transfer

Name on Credit Card: _____ Credit Card Number: _____

Expiration Date: _____ CCV: _____

Signature: _____

Please send completed form to Laura LeBlanc (lleblanc@conferencecatalysts.com).